ADISON (X4) ID PREFIX TAG		445075	B. WING _			
ADISON (X4) ID PREFIX TAG	HEALTHCARE SUMMARY STA		1		- 08/0	09/2011
(X4) ID PREFIX TAG	SUMMARY STA		2000	REET ADDRESS, CITY, STATE, ZIP CODE		
PREFIX TAG				31 LARKIN SPRING RD MADISON, TN 37115		
K 018 N		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETI DATE
	IFPA 101 LIFE SA	FETY CODE STANDARD	K 018	This Plan of Correction is the center's cr allegation of compliance.	edible	
re h tł	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20			Preparation and/or execution of this plan does not constitute admission or agreeme provider of the truth of the facts alleged of set forth in the statement of deficiencies. correction is prepared and/or executed so it is required by the provisions of federal	ent by the or conclusions The plan of olely because	
n a th	equired to resist the o impediment to the re provided with a ne door closed. D	sprinklered buildings are only e passage of smoke. There is ne closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6 0.3.6.3		K 018 It is the practice for doors protects openings in other than required er vertical opening, exits, or hazardo	oclosures of ous areas	9-16-1
ir	all health care fa			are substantial doors, such as those constructed of 1 ¾ solid-bonded or capable of resisting fire for at leminutes. Doors in sprinkled build only required to resist the passage. There is a no impediment to the control that the doors. Doors are provided with of suitable for keeping the door of Dutch doors meeting 19.3.6.3.6 as permitted. The Plant Operation Mimmediately removed the pegs ho the corridor doors August 9, 2011	eore wood east 20 ings are of smoke. losing of h a means osed. re anager lding open . The Plant	
E	Based on observat	s not met as evidenced by: ions, it was determined the ntain the corridor doors.		Operations Manager re-educated to personnel in Assistant Director of and Central Supply Office regardic compliance of K018 and not utilize	Nursing ng ting pegs to	
The findings	he findings include	e :		hold open the door. The Plant Ope Manager will review Life Safety (Code	
8:	ffice and the centr	Assisted Director of Nurses al supply room on 8/9/11 at the doors were being held		Standard K 108 and re-educate state compliance. The Plant Operations and Assistance Plant Operations I will monitor compliance during the rounds. Non-compliance of the state	Manager Manager neir daily andard will	
Α	dministrator and v	knowledged by the erified by the Director of exit conference on 8/9/11.		immediately be addressed and rep the employee's department manage Plant Operations Manager will re	ger. The	
RATORY D	RECTOR'S OR PROVID	GENSUPPLIER REPRESENTATIVE'S SIGN	enter de l'interessent	TITLE	/ / / -	(X6) DATE

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: BKKQ21

Facility ID: TN1915

If continuation sheet Page 1 of 4

DEPARTMENT OF HEALTH AND HUN'N SERVICES CENTERS FOR MEDICARE & MEDICA - SERVICES

PRINTED: 08/11/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100000000000000000000000000000000000000		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		18 PORT ALEM PERSON A PRINCE WAS ARRESTED AS PROPERTY OF A PARTY.	A. BUII	LDING	G 01 - MAIN BUILDING 01	***************************************	
		445075	B. WIN	IG_		08/0	9/2011
MADISO	N HEALTHCARE			43	EET ADDRESS, CITY, STATE, ZIP CODE 31 LARKIN SPRING RD IADISON, TN 37115		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 018 SS=E			K 018		This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. K018 continued non-compliant findings along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director, Social Service Director, Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.		9-16-11
	Based on observat	s not met as evidenced by: ions, it was determined the ntain the corridor doors.					
	office and the centr 8:15 AM, revealed to open with pegs. This finding was ac	Assisted Director of Nurses al supply room on 8/9/11 at the doors were being held knowledged by the					
BORATORY	Administrator and v Maintenance at the	erified by the Director of exit conference on 8/9/11.	ATURE		TITI F		(X6) DATE

Executive Duncton Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 01 - MAIN BUILDING 01 A. BUILDING B. WING 445075 08/09/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON HEALTHCARE MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) This Plan of Correction is the center's credible K 052 NFPA 101 LIFE SAFETY CODE STANDARD K 052 allegation of compliance. SS=D Preparation and/or execution of this plan of correction A fire alarm system required for life safety is does not constitute admission or agreement by the installed, tested, and maintained in accordance provider of the truth of the facts alleged or conclusions with NFPA 70 National Electrical Code and NFPA set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because 72. The system has an approved maintenance it is required by the provisions of federal and state law. and testing program complying with applicable requirements of NFPA 70 and 72. 9-16-11 K 052 It is the practice of this facility to have a fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements. August 9, 2011 the Plant This STANDARD is not met as evidenced by: Operations Manager immediately removed Based on observations, it was determined the the over-bed table blocking the pull station. facility failed to maintain the fire alarm system. August 9, 2011 he re-educated staff involved on "The Response Procedure" including the The findings include: "No Parking" signs. The Plant Operations Manager will re-educate staff regarding the Observation of the Ruby Dining room on 8/9/11 at "The Response Procedure" (see attached 8:45 AM, revealed the pull station was blocked exhibit K052 A) including the "No Parking" with a table. signs during the September Staff meeting, annually, and during orientation. The Plant This finding was acknowledged by the Operations Manager and Assistant Plant Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11. Operations Manager will monitor for compliance during their daily rounds. They K 054 NFPA 101 LIFE SAFETY CODE STANDARD K 054 will immediately address any non-SS=D compliance. The Plant Operations Manager All required smoke detectors, including those will report non-compliant findings along activating door hold-open devices, are approved. with any corrective actions to the facility maintained, inspected and tested in accordance Performance Improvement Committee with the manufacturer's specifications. (Executive Director, DNS, Plant Operations Mgr, Dietary Manager, ADON, Staff Development Coordinator, Activity Director,

OLIVILI	TO TON WEDICANE	& MEDICK - SERVICES				CIVID NO.	0936-039
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BU		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SU COMPLE	
		445075	B. WII	NG _		08/0	9/2011
	ROVIDER OR SUPPLIER N HEALTHCARE			4:	REET ADDRESS, CITY, STATE, ZIP CODE 31 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
K 052 SS=D			K	052	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Social Service Director, K 052 continued Housekeeping /Laundry supervisor, and Medical Director) at the monthly meeting for three months, or until no further discrepancies are noted, for review and recommendations as identified and needed.		9-16-11
K 054 SS=D	8:45 AM, revealed with a table. This finding was ac Administrator and with Maintenance at the NFPA 101 LIFE SA All required smoke activating door hold.	Ruby Dining room on 8/9/11 at the pull station was blocked knowledged by the verified by the Director of exit conference on 8/9/11. FETY CODE STANDARD detectors, including those d-open devices, are approved, ted and tested in accordance	K	054	It is the practice of this facility to required smoke detectors, include activating door hold-open device approved maintained, inspected accordance with the manufacture specifications. 9.6.1.3 The device in the rehab kitchen smoke detector but a heat sensor Schultz, Plant Operations Managwith Mr. Jim Chandler August 1 regarding the deficiency cited. Nadvised Mr. Schultz via phone would dismiss this deficiency.	ling those es, are and tested in er's is not a r. Denise ger spoke 7, 2011 Mr. Chandler	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445075	A. BU	ILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE S COMPLE	
	ROVIDER OR SUPPLIER	47		4:	EEET ADDRESS, CITY, STATE, ZIP CODE 31 LARKIN SPRING RD IADISON, TN 37115		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 067 SS=D	Based on observation facility failed to main the findings included observation of the at 8:35 AM, revealed installed within 3 ft. This finding was accepted Administrator and with the provisions in accordance with specifications. 19.5.2.2 This STANDARD is Based on observation of the jack and Air Conditioning of the jack and Air Conditioning the findings included observation of the jack and Air Standard and Air Conditioning observation of the jack and the	s not met as evidenced by: ions , it was determined the ntain the smoke detectors. e: rehab kitchen area on 8/9/11 d the smoke detector was of the air diffuser. knowledged by the rerified by the Director of exit conference on 8/9/11. FETY CODE STANDARD , and air conditioning comply of section 9.2 and are installed the manufacturer's 9.5.2.1, 9.2, NFPA 90A, s not met as evidenced by: ions, it was determined the ntain the Heating, Ventilating, g Systems. e: anitor's closet by room 33 on revealed the exhaust fan was		067	This Plan of Correction is the center's creallegation of compliance. Preparation and/or execution of this plan does not constitute admission or agreement provider of the truth of the facts alleged of set forth in the statement of deficiencies. Correction is prepared and/or executed so it is required by the provisions of federal of the provisions of section 9.2. and a installed in accordance with the manufacturer's specifications. 19.5. NFPA 90A 19.5.2.2. The Plant Op Manager serviced the fan in the jac closet August 9, 2011 and determing operable but the fan blade was too ordered a new blade. August 10, 2 Plant Operations Manager put the on the fan making it compliant with The Plant Operations Manager put the on the fan making it compliant with September 16, 2011 to ensure that operating compliant with K067. The Operations Manager will continue exhaust fans as outlined in the Premaintenance Program. Equipment to be operating according to manuspecifications will be immediately. The Plant Operations Manager will corrective actions to the facility Polimprovement Committee (Execution Director, DNS, Plant Operations Monager will corrective actions to the facility Polimprovement Committee (Execution Director, DNS, Plant Operations Monager, ADON, Staff Development Coordinator, Activity	heating, omply with are 5.2.1.9.2 perations mitor's med it was small and 011 the new blade eth K 067. If they are he Plant check the vent a found not facturer's replaced. Il report a my erformance ive Mgr,	9-16-11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445075 08/09/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON HEALTHCARE MADISON, TN 37115 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) K 054 | Continued From page 2 K 054 -> See PAGE 2 of 4 A This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke detectors. The findings include: This Plan of Correction is the center's credible allegation of compliance. Observation of the rehab kitchen area on 8/9/11 Preparation and/or execution of this plan of correction at 8:35 AM, revealed the smoke detector was does not constitute admission or agreement by the installed within 3 ft. of the air diffuser. provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because This finding was acknowledged by the it is required by the provisions of federal and state law. Administrator and verified by the Director of 9-16-11 Maintenance at the exit conference on 8/9/11. K 067 NFPA 101 LIFE SAFETY CODE STANDARD K 067 K 067 continued SS=D Heating, ventilating, and air conditioning comply Social Service Director, Housekeeping with the provisions of section 9.2 and are installed /Laundry supervisor, and Medical Director) in accordance with the manufacturer's at the monthly meeting for three months, specifications. 19.5.2.1, 9.2, NFPA 90A, or until no further discrepancies are noted, 19.5.2.2 for review and recommendations as identified and needed. This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the Heating, Ventilating, and Air Conditioning Systems. The findings include: Observation of the janitor's closet by room 33 on 8/9/11 at 8:10 AM, revealed the exhaust fan was inoperable. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/9/11.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: BKKQ21

Facility ID: TN1915

If continuation sheet Page 3 of 4 A

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 445075 08/09/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON HEALTHCARE MADISON, TN 37115 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) IAG TAG DEFICIENCY) This Plan of Correction is the center's credible K 147 NFPA 101 LIFE SAFETY CODE STANDARD K 147 allegation of compliance. SS=E Preparation and/or execution of this plan of correction Electrical wiring and equipment is in accordance does not constitute admission or agreement by the with NFPA 70, National Electrical Code, 9.1.2 provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. This STANDARD is not met as evidenced by: 9-16-11 K 147 Based on observations, it was determined the facility failed to maintain the electrical system. It is the practice of this facility for the electrical wiring and equipment to be in The findings include: accordance with NFPA70, National Electrical Code, 9.1.2. The Plant Operations (1) Observation of the South hall medicine room Manager and the Assistant Plant Operations on 8/9/11 at 7:45 AM, revealed the electrical Manager will replace the broken light cover outlet next to the sink was not a ground fault in the break room, and install a light cover circuit interrupter (GFCI). on the maintenance shop light no later than September 16, 2011. The contractor will (2) Observation of the break room on 8/9/11 at replace the outlets in the South Hall 7:48 AM, revealed a broken light cover. medicine room and in the kitchen area that are not a ground fault circuit interrupter. The (3) Observation of the kitchen area on 8/9/11 at Plant Operations Manager and the 7:50 AM, revealed not all of the electrical outlets Assistance Plant Operations Manager will were not ground fault circuit interrupter (GFCI). check all other outlets during their daily rounds to ensure they are in compliance with (4) Observation of the maintenance shop on K 147. Any outlet found not to be a ground 8/9/11 at 8:00 AM, revealed a light cover was fault circuit interrupter will be replaced. The missing. Plant Operations Manager will continue to checking compliance with K 147 in the These findings wee acknowledged by the Preventative Maintenance Program. Any Administrator and verified by the Director of equipment found not to be in compliance Maintenance at the exit conference on 8/9/11. will immediately be repaired or replaced. The Plant Operations Manager will report any findings of equipment not to be in compliance with K147 along with any corrective actions to the facility Performance Improvement Committee (Executive Director, DNS, Plant Operations Mgr,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION	(X3) DATE S COMPLE	
		445075	B. WING			9/2011
	ROVIDER OR SUPPLIER N HEALTHCARE		4	REET ADDRESS, CITY, STATE, ZIP CODE 31 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 147 SS=E	Electrical wiring an with NFPA 70, Nat with NFPA 70, Nat This STANDARD is Based on observation of a significant of the findings included (1) Observation of the significant of the signi	the South hall medicine room M, revealed the electrical nk was not a ground fault	K 147	This Plan of Correction is the center's callegation of compliance. Preparation and/or execution of this plated does not constitute admission or agreem provider of the truth of the facts alleged set forth in the statement of deficiencies. correction is prepared and/or executed it is required by the provisions of federal K 147 Continued Dietary Manager, ADON, Staff Development Coordinator, Activ Social Service Director, Houseke/Laundry supervisor, and Medica at the monthly meeting for the or until no further discrepancies if for review and recommendations identified and needed.	in of correction ent by the or conclusions. The plan of solely because I and state law. ity Director, reping I Director) ee months, are noted,	9-16-11